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Seno Banjonki Lower Basic School Vision Care Pilot Project: A Monitoring and Evaluation Course Linked Capstone Thesis

Stephen M. Weiland
SIT Graduate Institute

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**Seno Bajonki Lower Basic School Vision Care Pilot Project: A Monitoring
and Evaluation Course Linked Capstone Thesis**

Stephen M. Weiland

PIM 74

A capstone paper submitted in partial fulfillment
of the requirements for a Master of Arts in Sustainable Development
at SIT Graduate Institute in Brattleboro, Vermont, USA

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Advisor: Professor Amy Jersild

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Student name: *Stephen M. Weiland*

Date: 26 May 2017

Dedication/Acknowledgements

First and foremost this capstone thesis is dedicated to the community members of Seno Bajonki for their unwavering kindness and providing me the opportunity to become a part of their community for two years during my Peace Corps service in The Gambia. Additionally, I would like to dedicate this paper to the staff and students at the Seno Bajonki Lower Basic School. You will always have a special place in my heart.

I would like to acknowledge the support of Dr. Sandra Wang-Harris who provided the spark for the ideation of the vision care pilot project. Additional thanks to Antonia Morzenti, Jacy Bowman, and Emily Brincka for their feedback and proofing my thesis writing. Furthermore, I would not have made it through the thesis writing process without the support of Muhammed Touray and Haruna Jallow, my Program Manager and Program Assistant within Peace Corps The Gambia. Lastly, I would like to acknowledge Professor Amy Jersild for her steadfast commitment in guiding me as my capstone advisor throughout my field course practicum.

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ABSTRACT

The focus of this capstone thesis is to provide insight into the development and implementation of the M&IE plan for the Seno Bajonki Lower Basic School (SB-LBS) Vision Care Pilot Project. The M&IE plan for the SB-LBS Vision Care Pilot Project can be identified as a mixed methods approach, utilizing both qualitative and quantitative data, and a practical participatory evaluation.

Key foci for the M&IE plan for the pilot project taken from the literature review included the importance of involving primary stakeholders at the community level within the project development and implementation, interconnectivity between an objectives hierarchy and assumptions necessary for successful implementation, utilizing the interrelated practices of deciding on the evaluation approach and the development of key evaluation questions, and the use of a multi-tiered report dissemination structure.

Implementation of the M&IE plan for the pilot project included engagement from the author, SB-LBS staff, School Management Committee, Soma Health Eye Unit, Ministry of Education Region 4 Special Education Teacher, and vision specialist Dr. Sandra Wang-Harris. Key lessons learned from implementing the M&IE plan included the importance of analyzing risks/assumptions in the development of the objectives hierarchy and utilizing sound logic and reason in establishing program objectives.

Part I - Introduction

Organizational/Project Involvement

My role as an Peace Corps The Gambia Education Sector Volunteer at the Seno Bajonki Lower Basic School (SB-LBS) focuses my work in three main objective areas: 1) Improving student centered teaching and classroom management techniques for school staff; 2) Improving student performance in the classroom and developing student leadership skills; and 3) Increasing management and administrative capacity at SB-LBS. My tenure at SB-LBS began at the start of the 2015-16 academic year and continued through to the end of the 2016-17 academic year. Main collaborative initiatives I have been involved with at SB-LBS included the planning and development of the Seno Bajonki Community Library and Learning Center, classroom management teacher observations, coordinating school participation in the 2016 Peace Corps The Gambia Tree Trek, participation in the 2016 Read-a-Loud Trek, and co-designing a restructured student promotion system with school administration.

After attending the Banjul American Embassy School (BAES) Best Practices in Education Conference, SB-LBS became interested in the development of a student vision care pilot program. Following the conference, three SB-LBS staff members participated in the basic eye screening training. Over the following two months we conducted a school wide basic eye screening to determine the breadth of potential SB-LBS students with limited vision. At the close of the second term of

the 2015-16 academic year 22 out of 130 students were identified as potentially having limited vision.

At this juncture support was sought out from the community leaders within the School Management Committee (SMC), Mothers' Club, and the regional special education teacher from the Ministry of Basic and Secondary Education (MoBSE). Support for the project was received from the SMC and Mothers' Club, in addition to a commitment from the special education teacher to coordinate further eye screenings conducted by eye clinic professionals at the SB-LBS. Dr. Sandra Wang-Harris, who conducted the vision care session at the BAES conference, also committed to donate her expertise to the vision care project in developing the project framework and corresponding monitoring and evaluation plan, observing forthcoming eye screenings, and being a part of the evaluation team.

Upon looking at the diversity of key stakeholders, I believed there was a unique opportunity to develop corresponding project/monitoring and evaluation plans that could provide value for all parties involved. Additionally, my initial hopes were that the model utilized within the pilot project could be replicated within other schools in The Gambia, providing vision care for students across the country. Upon reflection, those two factors resonated with me and I choose the SB-LBS Vision Care Pilot Project over some of the previously mentioned initiatives within the introduction.

Description of Implementing Organizations

The first of two main implementing organizations is the Seno Bajonki Lower Basic School (SB-LBS). SB-LBS is a government school under the supervision of the Gambian Ministry of Basic and Secondary Education (MoBSE). Founded on 25 November 2013, SB-LBS currently has 164 students ranging from Early Child Development (ECD) to Grade 4. The school's long-term objective is to continue to expand one grade level each year until its range of classroom instruction includes ECD through Grade 6. The staff is currently comprised of one head teacher, three qualified teachers certified by the Gambian Teachers' College, and three teacher trainees in the process of attaining their qualified teacher certification from the Gambian Teachers' College. SB-LBS has a strong partnership with the Seno Bajonki School Management Committee (SMC) and Mothers' Club, which are staunch advocates for the school activities and initiatives within the community.

The current SB-LBS Vision Statement adopted by a combination of SB-LBS staff, SMC, and Mothers' Club is identified as:

More than 90% of pupils shall achieve relevant and high quality six-year basic education. Punctuated with a high sense of responsibility acquisition of knowledge and skills to maximize their individual potentials and value the principles of faith, humanity and democracy.

Additionally, the SB-LBS Mission Statement is identified as:

The school and the community shall strive to provide a learning centre with a difference, where both pupils and teachers are motivated to work under a

sound and conducive environment, so as to develop the spirit of participation in moulding the pupils to become productive citizens.

No additional goals or objectives are currently in place within SB-LBS to guide their work. As is stated within the mission and vision statements, the school's primary development issue it seeks to address is providing "high quality...basic education" in an effort to "moulding the pupils to become productive citizens".

The second of two main implementing organizations is Peace Corps The Gambia (PCTG). Established by the United States Government in 1967, PCTG has collaborated with the government of The Gambia without interruption for the last 50 years. PCTG focuses on a variety of primary development areas including education, health, environment/agriculture, gender and development, food security, and malaria prevention. PCTG staff members are comprised of a combination of American and Gambian nationals that work in five department areas, being the Executive Office, Programming and Training, Health Unit, Administrative Unit, and General Services Office. PCTG typically has approximately 100 Peace Corps Volunteers in country that are designated into the Education, Health, or Environmental/Agriculture sectors for two years of service in a Gambian community, following completion of Pre-Service Training.

The mission statement of PCTG, as taken from the U.S. Peace Corps and documented in PCTG Volunteer Handbook (2016) states:

The Congress of the United States declares that it is the policy of the United States to promote world peace and friendship through a Peace Corps, which

shall make available to interested countries and areas men and women of the United States qualified for service abroad and willing to serve, under conditions of hardship, if necessary, to: Help the people of interested countries in meeting their need for trained men and women. Help promote a better understanding of Americans on the part of the peoples served. Help promote a better understanding of other peoples on the part of Americans.

(p. 6)

PCTG's Education Sector Framework has three targeted goal areas including: 1) Improving student centered teaching and classroom management techniques for school staff; 2) Improving student performance in the classroom and developing student leadership skills; 3) Increasing management and administrative capacity, of which the latter two goals were targeted in the implementation of the SB-LBS Vision Care Pilot Project. Within the scope of the SB-LBS Vision Care Pilot Project three main objective areas within the project framework can be identified: Objective 2.1 Improving Literacy and English, Objective 2.2 Improve Achievement and Participation in Math/Science/ICT, and Objective 3.3 Improve Management and Administration of Schools and Organizations.

The visual below highlights each of the key stakeholders involved in the implementation of the SB-LBS Vision Care Pilot Project:

Implementation Level	Key Stakeholders
Local	Seno Bajonki Lower Basic School staff, School Management Committee, Mothers' Club
Regional	Soma Eye Unit Staff, Region Four Special Education Teacher
National	Peace Corps The Gambia Monitoring and Evaluation Coordinator, Vision Care Specialist

Inquiry Approach, Method, and Techniques

The inquiry approach utilized for the SB-LBS Vision Care Pilot Project was a practical participatory evaluation defined as "an evaluation in which decision makers are end users of a formative, improvement- or utilization- oriented final evaluation" (Mertens and Wilson, 2012, p. 560). The methodology for the SB-LBS Vision Care Pilot Project was a mixed methods approach, which in combination with the practical participatory evaluation highlighted above are grounded within what Mertens and Wilson (2012) label as the "Pragmatic Paradigm and Use Branch" (p. 89) of monitoring and evaluation. The processes utilized to establish the sample population for the pilot included 1) Selection of the students identified for receiving vision care and 2) Stratified pairing of students receiving vision care with students not receiving vision care. The key factors taken into account within the stratified pairing included grade level, baseline student performance, gender, and age.

Quantitative data collection techniques used for the pilot project included objective and subjective student performance observation logs, eye screening assessment logs, and a prescription distribution log. Qualitative data collection

techniques included interviews of students that received prescription medication for their perspective experience in the classroom before and after receiving treatment, and questionnaire responses of teachers for their observations of participating students in their respective classrooms before and after prescription distribution.

Contribution to the Larger Body of "Knowledge"

One key area in which the information gleaned from this monitoring and evaluation activity will contribute to the larger body of "knowledge" will be the analysis of the vision care pilot project. According to preliminary research conducted by Dr. Sandra Wang Harris, she noted this pilot project is likely amongst the first conducted in a rural community within sub-Saharan Africa. Analysis of the vision care pilot project will highlight the impact of the project, provide insight into what elements of the project went smoothly, what challenges were faced, and means to mitigate those challenges.

An additional area to which this monitoring and evaluation activity will contribute to the field of "knowledge" will be to provide insight into the use of a practical participatory evaluation within a multi-tiered group of participating stakeholders. By providing information regarding the capacity building of participating stakeholders, particularly in the area of monitoring and evaluation, future development initiatives will have a basis to utilize a practical participation evaluation model. This approach is aligned to Jean King and Brad Cousins who have "developed participatory approaches to evaluation based on the premise that

more active involvement of stakeholders should result in increased use of evaluation findings." (Mertens & Wilson, 2012, p. 95).

Connected to the "increased use of evaluation findings", this monitoring and evaluation activity will contribute to the field of "knowledge" by documenting the dissemination of evaluation findings to multiple levels of stakeholders. Markiewicz and Patrick (2016) comment, "A Reporting and Dissemination Strategy can prescribe the production of different types of reports to potentially maximize use." (p. 233). Evaluation reports for the SB-LBS Vision Care Pilot Project will be disseminated to a variety of stakeholders including the Ministry of Basic and Secondary Education Region 4 Office, Peace Corps The Gambia, Seno Bajonki Lower Basic School, Seno Bajonki School Management Committee, and Seno Bajonki Mothers' Club.

Layout of this Narrative Document

Forecasting ahead the rest of this document will contain the following parts: II: Foundations and Implementation of the M&IE Plan; III: M&IE Plan; IV: Reflections on Lessons Learned; V: Works Cited and Appendices

Part II: Foundations and Synthesis of the M&IE Plan

Literature Review Sources Synopsis

To provide a theoretical and practical foundation in the development of the monitoring and evaluation plan for the SB-LBS Vision Care Pilot Project an interweaving of three main sources were utilized. These include *Program Evaluation Theory and Practice* by Donna M. Mertens and Amy T. Wilson,

Managing for Impact in Rural Development: A Guide for Project M&E by Irene Guijt and Jim Woodhill, and *Developing Monitoring and Evaluation Frameworks* by Anne Markiewicz and Ian Patrick.

Theoretical Paradigms

Within Part II of *Program Evaluation Theory and Practice* (2012), Mertens and Wilson explore four major paradigms to monitoring and evaluation including “The Postpositivist Paradigm and the Methods Branch, The Pragmatic Paradigm and the Use Branch, The Constructivist Paradigm and the Values Branch, and the Transformative Paradigm and the Social Justice Branch” (p. 49), with each of these approaches highlighted in succession between Chapters 3-6.

At the onset of Chapter Three it was highlighted that positivism, which served as the platform from which postpositivism formed, utilizes quantitative research methods, which is the current prevalent methodology utilized postpositivists present day. Other key characteristics of the postpositivist paradigm include its use of experimental and quasi-experimental methods, the positivist belief that there is one reality, layered with the postpositivist idea that it is probable for reality to be known to a degree accounting for the complex nature of human behavior.

Chapter 4 shifts to a focus on the pragmatic paradigm. The text noted that foundational tenet of the pragmatic paradigm rejects the notion that truth could be discovered by means of scientific methods. The pragmatic paradigm is also noted in its adoption by some mixed methods researchers, a contrast to the previous

postpositivist paradigm. Regarding the axiology of pragmatism, the text discussed that pragmatists find the value of an evaluation based on how the evaluation is utilized and the subsequent results of the usage of the evaluation.

Chapter 5 examines the Constructivist Paradigm and the Values Branch. During Mertens and Wilson's (2012) discussion regarding the axiology of constructivism they note, "Constructivists have called attention to the importance of researchers' awareness of their own values and reflections on how their values influenced the process and outcomes of the research" (p. 135). Regarding the ontology of constructivism the text notes that from the constructivist view there are multiple, socially constructed realities, which are constructed by human beings' reflections of both their experiences and interaction with others. Relating to the methodology of constructivism the text denotes that akin to pragmatism, constructivism utilizes a mixed methods approach to data collection.

In Chapter 6 Mertens and Wilson explore the Transformative Paradigm and the Social Justice Branch. The text notes the axiology of the transformative paradigm is comprised of four primary principles including cultural respect, promotion of social justice, advancement of human rights, and addressing inequities. Mertens and Wilson (2012) comment the ontology of the transformative paradigm "interrogates versions of reality on the basis of power inequities and the consequences of accepting one version of reality over another" (p. 169). In a parallel practice with both pragmatism and constructivism, the transformative paradigm also utilizes mixed method data collection in its methodology. Areas of social justice

foci within the transformative paradigm noted include the deliberative democratic approach, human rights, feminism, LGBTQ, LatCrit, Disability/deafness rights, and indigenous rights.

The paradigm that most influenced the development of the M&IE plan for the SB-LBS Vision Care Pilot Project correlates with the pragmatic paradigm and use branch. This is highlighted by the utilization of several key practices noted by Mertens and Wilson in Chapter 4. The first practice is the usage of the empowerment evaluation model, which Mertens and Wilson (2012) described is “based on the premise that program participants who conduct their own evaluation will be more likely to use the information forthcoming from that evaluation. The program participants, coached by the evaluator, develop their own capacity to conduct evaluations” (p. 95).

The second key practice is the utilization of a practical participatory evaluation. Mertens and Wilson (2012) define a practical participatory evaluation as “an evaluation in which decision makers are end users of a formative, improvement- or utilization-oriented final evaluation” (p.560). Identifying characteristics of a practical participatory evaluation include collaborative work between evaluators and primary stakeholders to foster trust and evaluation capacity, recognition of the need to build and support native leaders, and evaluators working as outside facilitators while addressing interpersonal relationships and issues of power.

Evaluation Concepts and Approach

Managing for Impact in Rural Development: A Guide for Project M&E and *Developing Monitoring and Evaluation Frameworks* each follow a similar content structure covering topics including foundational concepts of monitoring and evaluation, key components in developing an M&IE system, connecting monitoring and evaluation to project design, implementation of an M&IE plan, and dissemination of evaluated data to stakeholders.

A key concept echoed in both texts was the importance of involving primary stakeholders at the community level within the project development and implementation, including M&IE. Guijt and Woodhill (2002) note, “Local women, men and children are pivotal to a project and its learning process. They are the primary stakeholders as their needs are the focus of the project and their views on impact are what count” (p. 1-11). In a similar vein Markiewicz and Patrick (2015) comment, “stakeholder participation is an important feature in both the process of developing a Monitoring and Evaluation Framework and in determining its contents” (p. 40).

Another key concept noted was the interconnectivity between an objectives hierarchy and assumptions necessary for successful implementation. Guijt and Woodhill (2002) state, “assumptions need to be identified in initial project design but this is often poorly done. Identifying them helps you know if the project strategy has a reasonable chance of success...and is critical for guiding the project strategy” (p. 2-15).

Two interrelated practices highlighted within *Developing Monitoring and Evaluation Frameworks* were deciding on the evaluation approach and the development of key evaluation questions. Markiewicz and Patrick (2015) comment, “Following on from stakeholder selection and engagement, there is a need to identify the preferred evaluation approaches and associated evaluation methodologies that will underpin the development and operation of the Monitoring and Evaluation Framework.” (p. 60). Themed evaluation approaches noted include Participation, Stakeholder, Social Justice, Program Theory-Driven, Learning, Use, Systems, Experimental, and Cost-Benefit. Of these evaluation approaches, three were embedded within the M&IE plan.

The participation approach was particularly evident in the active role that SB-LBS staff played in the process of implementation of the M&IE plan. Mankiewicz and Patrick (2015) note that within the participation approach actively encourages “stakeholder participation at critical junctures in the design and implementation of monitoring and evaluation activities” (p. 61). This approach is evident within construct of the M&IE plan for the pilot in the active roles that SB-LBS played in qualitative and quantitative data collection, and in the formative and summative data evaluation discussions.

The stakeholder approach is evident in both SB-LBS staff as well as community members that were participants within the pilot project and shared insight during qualitative data collection and the summative evaluation discussions. Mankiewicz and Patrick (2015) notes that stakeholder approaches

“emphasize gaining an understanding of a program’s performance and outcomes by eliciting the perspectives of key program stakeholders and beneficiaries, drawing on their direct experiences of the program or their interpretations of the program based on available data” (p. 61).

The final approach evident within the M&IE plan is the use approach. Mankiewicz and Patrick note within their text that the use approach is rooted in the pragmatic paradigm described in depth by Mertens and Wilson. A key component of the M&IE plan was on evaluating the effectiveness of the pilot project and how to improve ongoing vision care activities after the completion of the SB-LBS Vision Care pilot project.

The text continues on to note that the culminating selection of preferred evaluation approaches are directly linked to the development of the key evaluation questions. Regarding the importance of key evaluation questions, Markiewicz and Patrick (2015) state, “Evaluation questions are critical in the formulation...of the Monitoring and Evaluation Framework” and “are considered by many evaluation theorists to provide an essential means to focus and structure program evaluations” (p. 94). The need to provide focus and structure is echoed by Guijt and Woodhill (2002) when they state, “try to limit information to what you need to know and avoid what is nice to know” (p. 2-21), obtaining that information through the use of evaluative questions.

Experienced Participation of the M&IE Plan

The initial participation in the development of the M&IE plan was primarily an individual effort, primarily connected to a lack of monitoring and evaluation experience of the key-implementing stakeholders. During this phase of developing the M&IE plan documents including the initial work plan (**SEE APPENDIX A**) and the development of the project budget. With these pieces in place, the SB-LBS head teacher and I collaborated on the development of the log frame analysis (**SEE APPENDIX B**). The first stage of developing the log frame analysis was developing what data collection tools would be necessary to carry out the M&IE plan for the pilot project. After agreeing upon the usage of a combination of qualitative and quantitative tools to collect the data, we then went through the process forecasting the risks and assumptions that would lie ahead in the implementation phase of the pilot. Once we completed the draft of the log frame analysis, the log frame was reviewed and approved by the PCTG Monitoring and Evaluation Coordinator.

Subsequent to completion of the log frame analysis the SB-LBS head teacher and I developed the key evaluation questions for the pilot project, highlighted in Part III of this paper. In combination with the vision care specialist, PCTG Monitoring and Evaluation Coordinator, and SB-LBS staff we developed the planned data analyses. These analyses were to take place at two levels, at the community level with community and school stakeholders and in the capital region with the vision care specialist and PCTG monitoring and evaluation coordinator.

Data collection occurred through a variety of mechanisms primarily in tandem with SB-LBS staff. The first source of data was collected through the initial basic eye screening of all students at SB-LBS during term 2 of the 2015-16 academic year, which led to the identification of 22 students with potential limited vision. The subsequent source of data was collected during the Soma Eye Unit screening and entered into the Eye Clinic Screening Log, which led to the diagnosis and prescribed medicinal treatment of 11 students. Following the Soma Eye Unit screening, a stratified data pairing was utilized matching identified students with students with standard vision ranging from Grade 1 through Grade 3. As was highlighted in the introduction, the stratified data pairing matched students within the same grade, while setting gender, age, and October student performance for additional identifying criteria.

With the pairing completed, each of the students participated in the vision objective test (**SEE APPENDIX C**) provided by the vision care specialist. Data was recorded by the SB-LBS staff into the Objective Vision Test Log both prior to and after the distribution of prescription medication. Additional quantitative data of participating students was recorded into the Student Performance Exam Log including the October end of month exams utilized for the baseline assessment, November end of month exams, and Term 1 exams, which occurred in December. Further strands of quantitative data of focus within the monitoring process were entered into the Prescription Log, highlighting the prescriptions administered and cost of prescribed medications.

Qualitative data was gathered at the end of Term 1 of the 2016-17 academic year through two methods. First, SB-LBS teachers within Grade 1 through Grade 3 classrooms received a questionnaire **(SEE APPENDIX D)** seeking to gain insight into any observations of students receiving prescription medication prior and subsequent to the distribution of prescription medication. Additionally, all students that received prescription medication as part of the pilot project were interviewed **(SEE APPENDIX E)** to gain insight to their classroom experience prior and subsequent to their receiving prescription medication. This data was translated from local language and written in English by the SB-LBS teacher. This teacher was selected to conduct the interviews for his fluency in the local language of the community and fluency of the English language.

Generation of internal evaluation reports were completed over March and April subsequent to the summative evaluation meeting of the pilot project attended by SB-LBS staff and community members within the SMC and Mothers' Club in late February. The purpose of the February evaluation meeting was to review the implementation of the pilot project, highlighting strengths and challenges, receive recommendations for improved implementation, share collected data with community members, and seek community involvement in yearly basic eye screening to increase the probability of future sustainability of the SB-LBS Vision Care Pilot Project.

Prior to the summative evaluation meeting in February, formative evaluations were conducted at two critical junctions. The first was prior to

scheduled arrival of the Soma Eye Unit in evaluating the responsibilities of the Special Education Teacher. The purpose was to determine if the lead coordinator role working with the eye clinic units was better placed with a SB-LBS staff member at the community level, in comparison to with the special education teacher based at the MoBSE regional office who additionally trekked to over 30 schools within the region as part of her main responsibilities. Additional formative evaluations occurred following the collection of student data with the purpose to look for data trends noting the initial impact of the distributed prescription medication. These informal discussions occurred over the months of November and December with the two SB-LBS staff involved in the data collection process for the SB-LBS Vision Care Pilot Project.

Part III: M&IE Plan

Section 1: Analysis of the Project

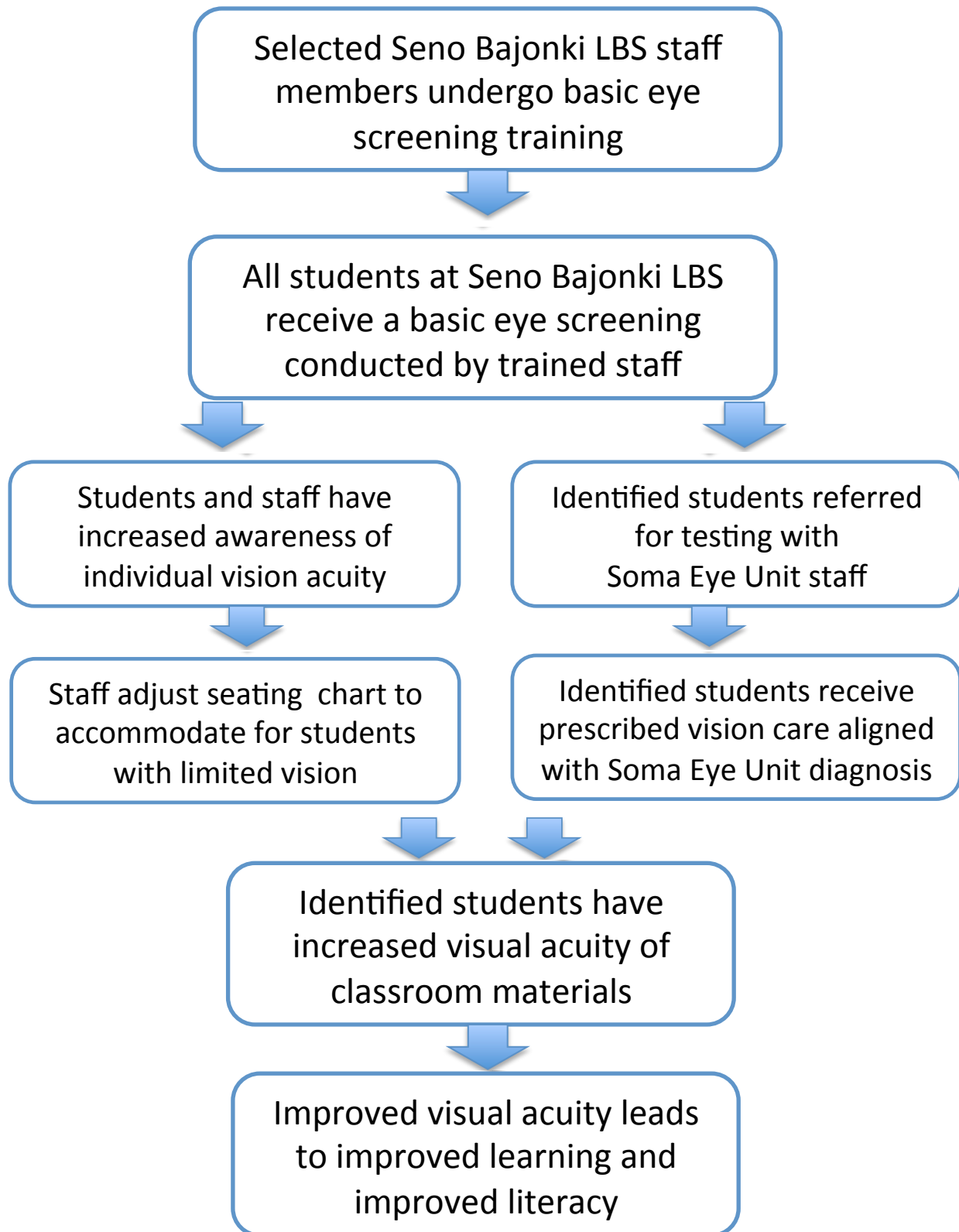
The SB-LBS Vision Care Pilot Project is aimed at improving the vision care of SB-LBS students in an effort to improve visual acuity and increase student literacy. Additionally, the pilot project aims to improve the managerial skills of SB-LBS staff and participating community leaders through their active participation in the development, implementation, and evaluation of the pilot project. Project activities will include (i) development of objective testing to assess impact of vision care provided, (ii) training teaching staff on how to conduct vision care objective tests with students, (iii) evaluation of eye clinic consultations, (iv) distribution of prescription medication to students identified with limited vision, (v) evaluation of student vision objective tests and classroom performance examinations. The pilot projects objectives include 1) 100% of identified students at Seno Bajonki Lower Basic School utilize prescription medication by 31 December 2016; 2) 75% of identified students at Seno Bajonki LBS demonstrate improved cognitive performance by the end of 2016-17 academic year.

Following the Banjul American Embassy School Best Practices in Education Conference an initial discussion with Seno Bajonki Lower Basic School staff led to support for an initial training on how to conduct a basic eye screening. Subsequent to the training, SB-LBS staff conducted basic eye screenings on all students at the school during the second term of the 2015-16 academic year. Following completion of the basic eye screenings school staff reached out to the cluster Special Education Teacher regarding what resources are available in providing glasses for students with limited vision through the Ministry of Basic and Secondary Education. It was discovered that no funding was available. Upon reaching out to local community leadership on whether they would support an initiative focused on vision care of the youth attending the community's lower basic school we received unanimous support from the School Management Committee.

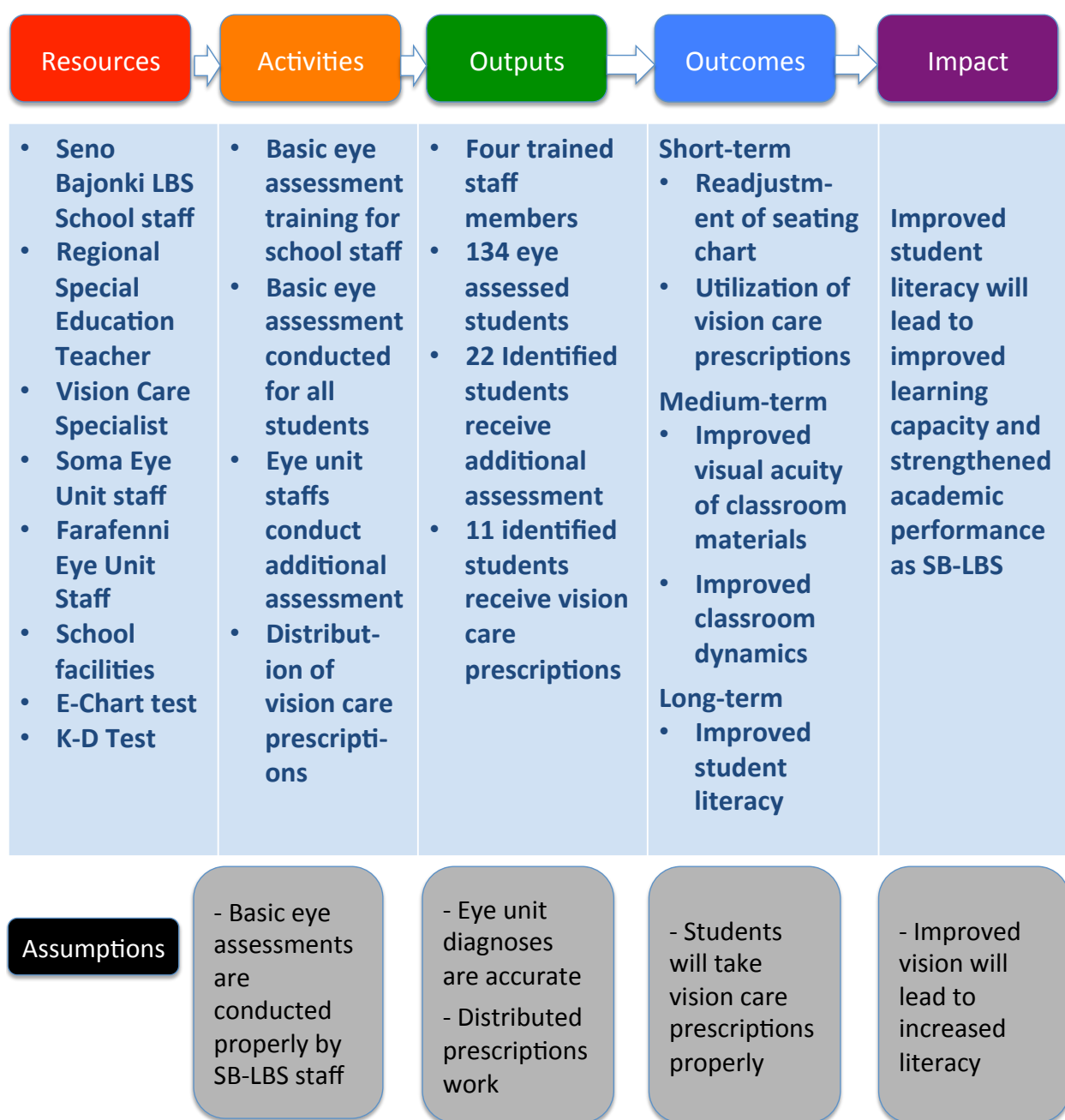
The driving force behind this pilot project is the community of Seno Bajonki's commitment to providing quality education for their children. Community members, particularly those within the School Management Committee and Mothers' Club, will be involved the monitoring and evaluation of the activities within the pilot project. This is in addition to the input provided by School Management Committee members during the closing meeting between school staff and the School Management Committee at the end of the 2015-16 academic year when addressing the prospect of implementing the pilot project.

This project will contribute to building skills and capacity within the community in several ways. First, for students receiving prescription medication, it will increase their capacity see and read what is written in distributed texts and what is written on the blackboard - subsequently improving their ability to learn. Additionally, for community members involved in the monitoring and evaluation of the pilot project they will have the opportunity to increase their monitoring and evaluation skills. This increase of skill will strengthen future development initiatives within the community.

Figure 1: Theory of Change



When examining the theory of change for the SB-LBS Vision Care Pilot project, the foundation is built upon the capacity building of SB-LBS staff to conduct the basic eye screening and subsequently making classroom modifications to enhance the learning of students with limited vision. When added with providing students appropriate vision care from professional eye unit staff, the likely outcome over time is a combination of improved visual acuity, learning, and literacy.



One key assumption for the pilot project to be successful starts with the proper facilitation of the basic eye assessments by SB-LBS staff. If during the facilitation students who have limited vision were improperly passed through potential prompting of teachers used to soliciting a correct answer, a minimization of the impact from distributed prescription medication would occur. To maximize the likelihood of proper facilitation, basic eye screenings will be conducted by two or three facilitators to ensure accurate results.

A second key assumption is connected to the proper diagnoses and correct prescription of medication by eye unit staff. To increase the likelihood of proper diagnoses and correct prescription we will collaborate with our Vision Care Specialist, Special Education Teacher, and ask students receiving the prescription medications the impact regarding the prescribed medications.

A third key assumption intertwined with the previous assumption is that students will take the prescribed medications properly. To maximize the likelihood of proper usage all parents of students receiving prescription medication will receive training in local language on how and how often students need to take their prescription medication. Additionally, during monthly objective tests students will be asked if they took their prescribed medication.

The final key assumption is whether or not there is a correlation between vision and literacy, particularly in a context where English is being taught as a second or third language familiar to both students and teachers alike. To maximize the data findings regarding this linkage quantitative data will be filtered through a stratified data pairing system, and students will be asked what their classroom experience was like both prior to and after prescription medication distribution.

Stakeholders involved within the SB-LBS Vision Care Pilot Project include SB-LBS staff, community leaders within the School Management Committee (SMC) and Mothers' Club, Region 4 Special Education Teacher, Vision Care Specialist, SB-LBS student, PCTG Monitoring and Evaluation Coordinator, and the Soma Eye Unit and Farafenni Eye Unit Staffs. For each of these stakeholders, there are a variety of identified interests. For SB-LBS staff and community leaders identified interests include providing access to vision care for improved student learning, developing project management skills, and developing monitoring and evaluation skills. For the Special Education Teacher identified interests include providing access to vision care for improved student learning, building a framework for potential expansion of vision care services in other schools within Region 4, developing project management skills, and developing monitoring and evaluation skills. For the

Vision Care specialist identified interests include improving access to vision care for rural community schools in The Gambia, and developing capacity of Gambian vision care staff. For SB-LBS students their identified interests is having access to vision care with the hope of enhancing their classroom experience. For the PCTG Monitoring and Evaluation Coordinator his identified interests include maximizing the impact of the pilot project through project evaluations and having a concrete example of an large scale community development initiative implemented to show as a model with current and future Peace Corps Volunteers. For the eye unit staff their identified interests are in providing vision care for students and building professional relationships with education professionals.

Stakeholders	Potential Role(s) in the Project
SB-LBS Staff	Facilitate basic eye screening; Purchase and distribute vision care prescriptions; Record student performance exam results; Facilitate and record vision objective testing; Fill out teacher observation questionnaire; Facilitate student interviews; Participate in formative and summative evaluation discussions
SMC & Mothers' Club	Purchase and distribute vision care prescriptions; Participate in formative and summative evaluation discussions
Special Education Teacher	Facilitate basic eye screening; Coordinate facilitation of eye screenings conducted by eye unit staffs; Participate in formative and summative evaluation discussions
Vision Care Specialist	Develop objective vision test; Monitor facilitation of eye screenings conducted by eye unit staffs; Participate in formative and summative evaluation discussions;
SB-LBS Students	Participate in all eye screenings; Participate in student performance exams; Participate in objective vision testing; Participate in student interviews
PCTG M&E Coordinator	Evaluate project design and M&IE plan; Evaluate implementation of project design and M&IE plan
Eye Unit Staff(s)	Facilitation of eye screenings; Provide diagnoses and fill scripts for vision care prescriptions

Section 2: Key Evaluation Questions

In the process of developing the key evaluation questions for the SB-LBS Vision Care Pilot Project the OECD-DAC criteria of relevance, impact, effectiveness, and sustainability were utilized. The questions listed came out of discussions between

SB-LBS staff members involved in the implementation of the pilot project and I, and subsequently shared with community leadership.

Relevance

- What will be the response of the stakeholders involved (e.g. School Management Committee, teachers) and beneficiaries (e.g. students) to the vision care pilot project?
- Is there a different approach that could be used? If so, what is that approach?

Impact

- To what extent has the vision care pilot project resulted in improved student performance?

Effectiveness

- What are the external factors that had an impact on the implementation of the vision care pilot project?

Sustainability

- What skills and lessons have been learned by key stakeholders through the processes involved within the vision care pilot project?

Section 3: Monitoring and Evaluation Plans

The M&IE plan for the SB-LBS Vision Care Pilot Project can be identified as a mixed methods approach, utilizing both qualitative and quantitative data, and a practical participatory evaluation. Participatory elements of the M&IE plan included feedback and revision of the drafted documents, qualitative and quantitative data collection by implementing stakeholders e.g. SB-LBS staff and Soma Eye Unit staff, and program evaluation by community members and participating SB-LBS staff. All monitoring activities were conducted internally as there was not funding available to hire external evaluators.

The monitoring plan (**SEE APPENDIX F**) for the pilot project is focused on four primary areas; 1) gathering data from the results from the implemented eye screenings, 2) gathering data via student exam performance records and objective vision testing for impact evaluation, 3) gathering qualitative data to have insight from participants and direct observers regarding their experience connected to the pilot project, 4) documenting employed skill sets of participating implementers within the pilot project. The purpose of the monitoring plan is to provide a contextual view of the breadth of students impacted by vision impairments at the SB-LBS school and to gauge the statistical output of identified students

participating in the pilot project prior to and after distribution of prescription medications.

The evaluation plan (**SEE APPENDIX G**) for the pilot project is focused on three key areas; 1) determining what were the strengths and weaknesses of the implemented project design, 2) examining impact of the distribution of prescription medication on improved vision and student performance in the classroom, and 3) identifying key components for continued implementation of vision care activities at SB-LBS following completion of the pilot project. The purpose of the evaluation plan is to improve the project design to maximize impact on future vision care implementation activities at SB-LBS, provide analysis to community leadership regarding the value of vision care for SB-LBS students, and lastly to examine the likelihood of continued implementation of vision care activities at SB-LBS following completion of the pilot project.

Part IV: Reflections on Lessons Learned

Relevance

When examining the first of the key evaluation question regarding the response of stakeholders involved and beneficiaries to the vision care pilot project several positive aspects are evident. From the onset of the pilot project, 60% of the SB-LBS staff members attended the basic eye screening training and remained involved in the implementation of the pilot project, with 40% of the staff taking a lead role in project and M&IE plan implementation. During the ideation phase of the pilot project we had strong support from community leadership for implementation. At the conclusion of the pilot project we had active participation by 14 community members in the summative evaluation of the pilot project, from which five formed an ongoing vision care task.

Additionally, the support provided by the Soma Eye Unit staff in facilitating the comprehensive eye screening and their willingness to continue that work in future academic years highlights the relevance of continued implementation of vision care

activities at SB-LBS. Finally, the qualitative data provided by the students who received the prescription medication showed that 67% of participating students remarked that the prescription medication has a positive impact on their classroom experience. Reflecting on these findings, trends positively for continued implementation of vision care activities at SB-LBS in lieu of strong engagement and support by key stakeholders at the ground level and positive feedback from the primary beneficiaries.

When examining whether a different approach could have been used for the implementation of the SB-LBS Vision Care Pilot Project an unequivocal yes is the answer. Observations of implemented project and M&IE activities highlighted that activities that were coordinated and facilitated by SB-LBS staff and community members went more smoothly than by those coordinated and facilitated by implementers outside of the community. When the shift was made to have SB-LBS staff take the lead as the central implementing agents, scheduled activities came together on time according to the work plan. An additional lesson learned on this topic that I observed is that ongoing implementation of pilot project activities are more likely when a project design operates on a smaller scale initially. If successful in one community, it has the possibility of being replicable in another. However, if the scale is too large for the capacity of key stakeholders, successful implementation is improbable, greatly diminishing the project's relevance.

Impact

Looking at the key evaluation question that examined the extent of the vision care pilot project activities improved student performance there are ambiguous

results. At the onset of the project implementation, the initial focus of the pilot was to analyze the impact of distributing prescription glasses to identified students. Following the completion of the comprehensive eye screening by the Soma Eye Unit staff, no students were identified for the use of prescription lenses. We thus modified the pilot project to focus on the impact of the recommended prescription medication, which sought to alleviate the diagnosed eye allergies, which we discussed as having a lesser impact on student vision in relation to students who would receive prescription lenses.

What we did observe from our data evaluation of the stratified data pairings was that the statistical mean from the subjective and objective testing remained nearly identical. Taking that data evaluation, we could see that within the framework of the pilot project, students who received the prescription medication were able to maintain pace with their paired peers with standard vision in terms of classroom performance. Additional factors that may have had an impact on student performance may include direct teaching and learning methodologies, access to school supplies (e.g. pencils and notebooks), amount of available time for studying outside of school hours, and English literacy levels of family members within students' compounds. To gain a deeper understanding of the impact of vision care on student performance, particularly in rural communities living at or below the poverty line, more research would be recommended.

Effectiveness

Reviewing the external factors that had an impact on the implementation of the vision care pilot project there was one critical factor that had a severe impact,

the political impasse that developed subsequent to the 2016 Gambian Presidential Election held on 1 December 2016. To provide some historical context for this situation there are a few key factors to be cognizant of. The incumbent, former-President Yahya Jammeh, was a former military colonel that took control of the Gambian presidency via a 1994 military coup d'état. Over Jammeh's 22 year tenure-of-office, he was cited by a variety of sources, most notably Amnesty International, for a wide variety of human rights violations including restricted freedom of the press and more notably the torture and murder of oppositional figures within The Gambia. Subsequent to the 2011 Gambian Presidential Election, officials within the Economic Council of West African States (ECOWAS) stated in the article "Gambia's Jammeh Wins Disputed Elections" (2011), "its fact-finding mission had found an unacceptable level of control of the electronic media by the party in power ... and an opposition and electorate cowed by repression and intimidation" (Al Jazeera, 2011). Additionally, during a peaceful protest noting the need for political change in April 2016 many protestors were arrested, three of whom died during their imprisonment.

The official election results, which initially were accepted by the three presidential candidates, witnessed an unexpected outcome with current President Adama Barrow atop the polls. Following a week of jubilation for many Gambians within the capital region and across the country, Jammeh addressed the nation on 9 December 2016 stating his declaration of the election results null and void due to irregularities within the Independent Electoral Commission, while demanding a

fresh national election to be held. In subsequent weeks this led to calls from leaders across West Africa for Jammeh to step down, including the use of military force by ECOWAS troops, which were refused for seven weeks until his departure from The Gambia on 21 January 2017.

During this seven-week span, tens of thousands of Gambians fled to neighboring countries including Senegal and Guinea Bissau. Concurrently, a travel warning was issued by both the United States and United Kingdom, which amongst the majority of Westerners leaving the country also saw all Peace Corps Volunteers in The Gambia evacuated to neighboring Senegal from 9 January 2017 to 2 February 2017. Communication during this time across the Senegalese-Gambian border was extremely difficult due to the high cost of mobile communication across countries. Fortunately, the political impasse was resolved without any shots fired, newly elected President Adama Barrow was officially sworn in to office, Yahya Jammeh left the country to reside in Equitorial Guinea, and all Peace Corps Volunteers were able to return to continue their service in The Gambia.

Reflecting back on this tenuous period of time, a primary lesson learned is that there are prevalent factors, which as a development practitioner, we have no control over. Additionally, the anxiety of separation from host country nationals during the possibility of a military intervention is a reminder of the privilege attached to working within the frameworks of a Western organization, and the safety that is encompassed from that framework.

Sustainability

Upon examining the skills and lessons learned by key stakeholders throughout the implementation of the SB-LBS Vision Care Pilot Project, a variety of skills and lessons learned can be identified. Observable hard skills demonstrated by SB-LBS staff included facilitation of the basic eye screening, training of community members on how to conduct the basic eye screening, facilitation of the K-D Test, coordination and scheduling of Soma Eye Unit eye screening, quantitative data collection and recording, field interviewing, participation in formative and summative evaluation discussions, and logging of prescription medication distribution. Observable skills demonstrated by SB community members included participation in summative evaluation discussions, and facilitation of the basic eye screening. Additionally, both groups demonstrated project management skills in the planning and budgeting for continued vision care activities following the completion of the pilot project.

A key lesson learned by all parties involved, myself included, is the vitality of active participation by community members in core facets of implementation, connected in large part to the high turnover of school staff within the Gambian education system and short-term nature of outside organizational involvement. In the months leading up to the summative evaluation meeting it was noted amongst SB-LBS staff and I that for continued implementation of vision care activities to continue beyond the pilot community members would need to take a more prominent role. This prevailing thought was also expressed by SMC members in

attendance at the summative evaluation meeting, which led to the subsequent formation of the vision care task force and basic eye screening training of those members by SB-LBS staff. I can confidently state that without community engagement in place, it would have been impossible for continued vision care activities to be sustainable within Seno Bajonki.

In Closing

A concluding thought I would like to leave you with is a principle to which I have carried throughout my field course practicum, being the importance of learning from failure. This principle was rooted from a TED Talk in which speaker David Damberger highlighted the importance of learning from our mistakes in the field, in an effort not to repeat those mistakes in the future. Undoubtedly, you also have experienced failure in the work you have undertaken throughout your life. Whether your career leads you to a focus within M&IE, or in another capacity in the development field, I would ask you to stand in solidarity with me in learning from our mistakes and sharing them so that others too can learn, which I believe to be the life blood of monitoring and evaluation. Those lessons will undoubtedly have an impact on the livelihood of the communities to which we will have the opportunity to engage in our life's journey.

Part V: Works Cited and Appendices

Works Cited

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APPENDIX A: WORK PLAN/GANTT CHART

Seno Bajonki LBS Vision Care Pilot Project Work Plan					
Task	Responsible	Year 1			
		Q1	Q2	Q3	Q4
Baseline survey					
Development of Objective Tests	PCV, HT, SET, VCS				
Objective Test #1	PCV				
Collection of Student Performance Data #1	PCV, HT				
Implementation					
Soma Eye Clinic Screening	SET, SECS				
Farafenni Eye Clinic Screening	SET, SECS				
Distribution of Vision Care Prescriptions	SET				
Objective Test #2	PCV, HT, SET, VCS				
Collection of Student Performance Data #2	PCV, HT, SET, VCS				
Eye Clinic Diagnosis Data Evaluation	PCV, HT				
Objective Test Data Evaluation #1	PCV, HT, SET, VCS				
Student Performance Evaluation #1	PCV, HT				
Objective Test #3	PCV, HT, SET, VCS				
Collection of Student Performance Data #3	PCV, HT				
Qualitative Data Collection #1	PCV, HT				
Objective Test Data Evaluation #2	PCV, HT, SET, VCS				
Student Performance Evaluation #2	PCV, HT				
Objective Test #4	PCV, HT, SET, VCS				
Collection of Student Performance Data #4	PCV, HT				
Objective Test #5	PCV, HT, SET, VCS				
Collection of Student Performance Data #5	PCV, HT				
Objective Test #6	PCV, HT, SET, VCS				
Collection of Student Performance Data #6	PCV, HT				
Qualitative Data Collection #2	PCV, HT				
Objective Test Data Evaluation #3	PCV, HT, SET, VCS				
Student Performance Evaluation #3	PCV, HT				
Final Evaluation and Reporting					
Final Synthesis of Data Evaluation	PCV, HT				
Drafting of Pilot Project Final Report	PCV				
Completion of Pilot Project Final Evaluation Report	PCV, VCS				
Distribution of Pilot Project Final Report	PCV, HT				

APPENDIX B: LOG FRAME ANALYSIS

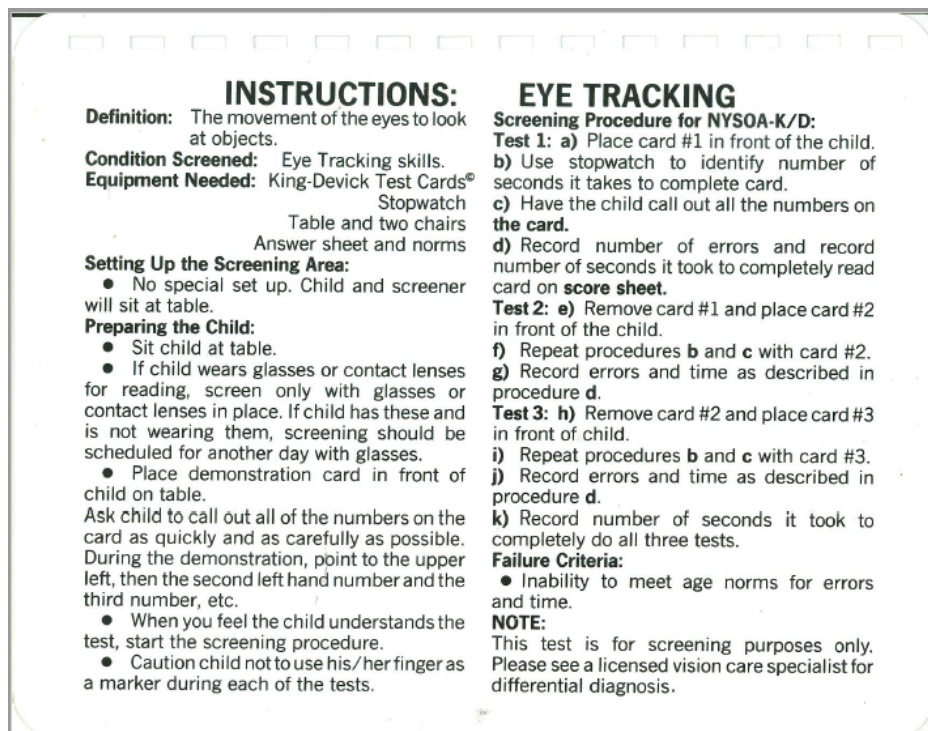
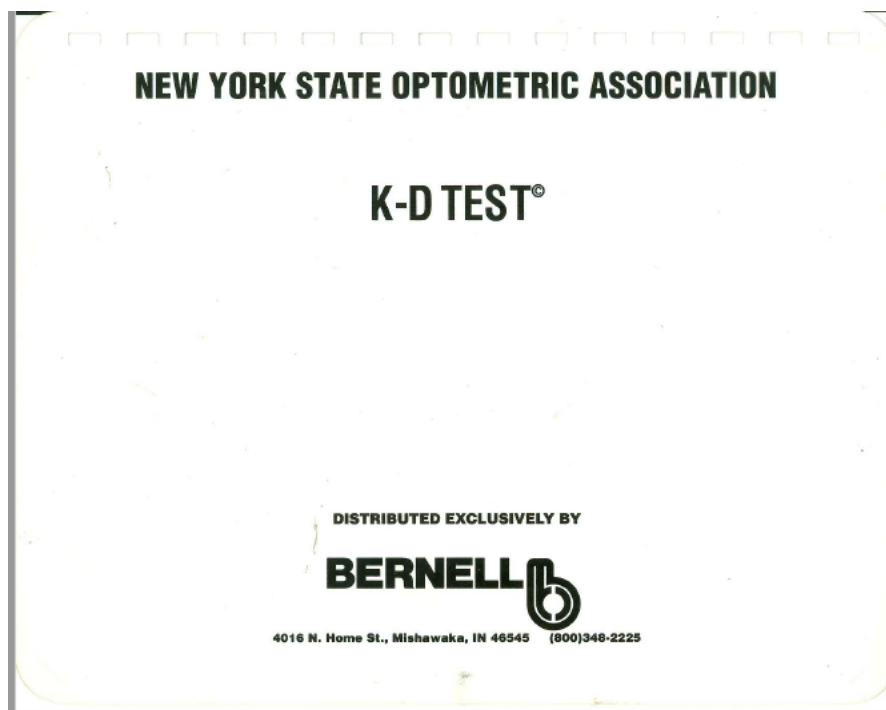
<i>Seeing is Believing: A Vision Care Pilot Project Log Frame Analysis</i>			
OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	RISKS/ASSUMPTIONS
Goal: Improved literacy in The Gambia	<i># of students displaying improved literacy skills across The Gambia</i>	<i>NATs, school conducted student performance examinations</i>	<i>Students work independently; validity of the examinations; integrity of the evaluators</i>
Objective 1: 100% of identified students at Seno Bajonki Lower Basic School utilize glasses daily at school by 31 December 2016	# of identified students utilizing distributed glasses	Student observation logs	<i>There is a correlation between vision and literacy</i>
Outcome 1.1: Identified students at Seno Bajonki LBS utilize distributed glasses during class sessions	<i># of identified students utilizing distributed glasses</i>	<i>Student observation logs</i>	<i>Glasses are distributed by targeted date; <u>all</u> identified students value use of glasses;</i>
Output 1.1.1: All students at Seno Bajonki LBS receive staff conducted basic eye assessment	<i># of students receiving staff conducted basic eye assessment</i>	<i>Basic Eye Assessment Log</i>	<i>Results from the basic eye assessment are maintained for eye clinic consultation testing; Results are accurate</i>

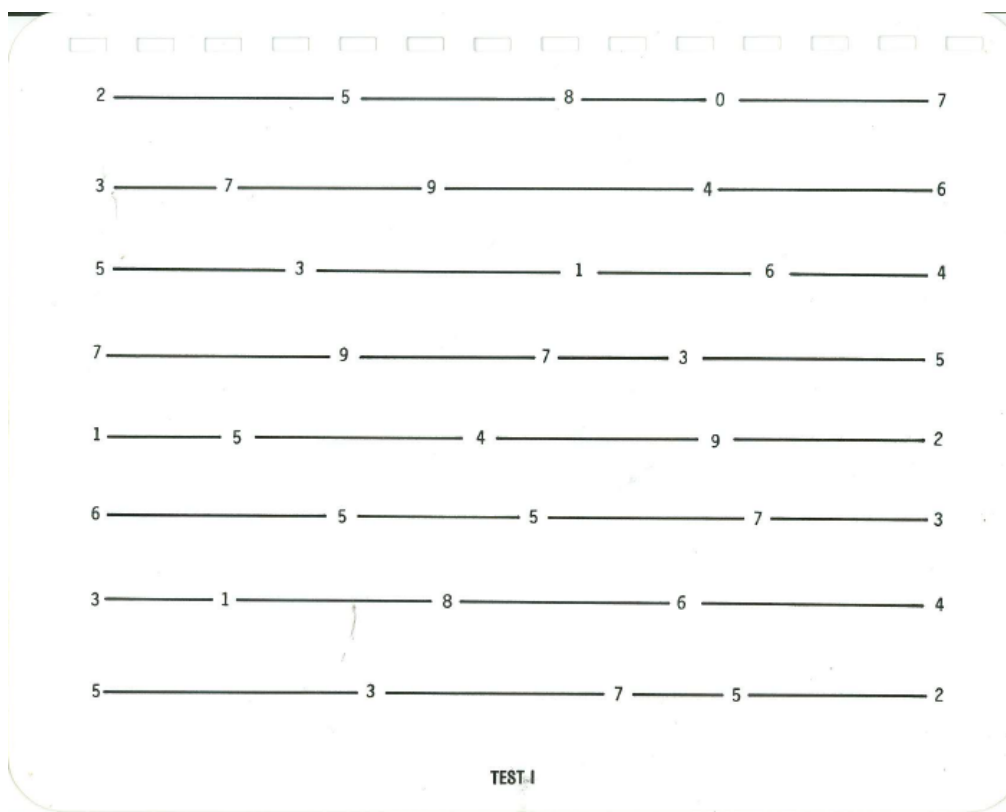
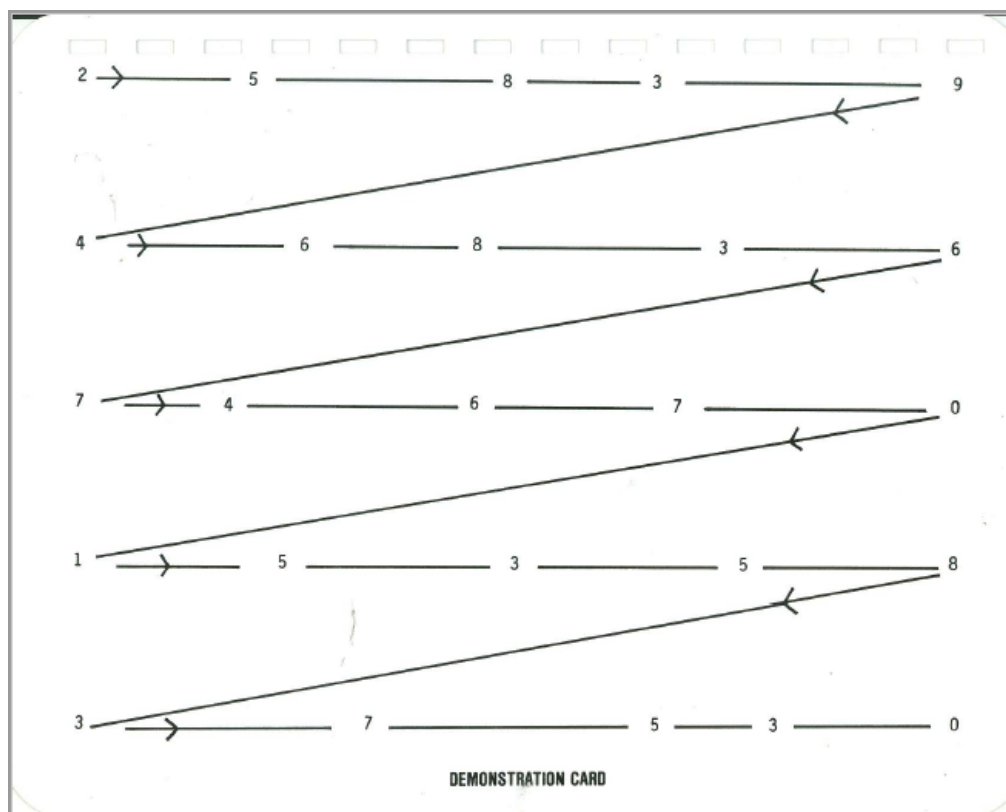
Activity 1.1.1.1: <i>Basic eye assessment training for Seno Bajonki LBS staff conducted by PCV</i>	<i># of staff attending the training</i>	<i>Attendance Log</i>	<i>Staff accurately utilize training; Staff willing to conduct basic eye assessment on all students; Information during the training presented accurately</i>
Activity 1.1.1.2: <i>Basic eye assessment conducted for all Seno Bajonki LBS students by trained staff members</i>	<i># of conducted basic eye assessments</i>	<i>Basic Eye Assessment Log</i>	<i>Students are present for basic eye assessment; Staff members keep accurate records</i>

Objective 2: <i>75% of identified students at Seno Bajonki LBS demonstrate improved cognitive performance by the end of 2016-17 academic year</i>	<i>% of students demonstrating improved cognitive performance</i>	<i>Objective Vision Tests and Student Performance Examination Records</i>	<i>There is a correlation between vision and literacy</i>
Outcome 2.1: <i>Identified students at Seno Bajonki LBS display improved cognitive performance</i>	<i># of students displaying improve cognitive performance</i>	<i>Objective Vision Tests and Student Performance Examination Records</i>	<i>There is a correlation between vision and cognitive function; timeframe of pilot project is adequate; classroom instruction is adequate</i>
Output 2.1.1: <i>All identified students complete vision objective tests and student performance examinations</i>	<i># of students completing vision objective tests</i>	<i>Objective Vision Tests and Student Performance Examination Records</i>	<i>Students results improve following glasses distribution; tests and examinations are designed to accurately measure cognitive performance; glasses are made correctly</i>

Activity 2.1.1.1: <i>Vision objective test training conducted for Seno Bajonki LBS staff and Special Education Officer by PCV and Vision Care Specialist</i>	<i># of vision objective test training(s) conducted</i>	<i>Training Attendance Log</i>	<i>Training facilitation occurs; Attendance of targeted staff members;</i>
Activity 2.1.1.2 <i>Vision objective tests are conducted by Seno Bajonki LBS and Special Education Teacher with identified students</i>	<i># of vision objective tests conducted</i>	<i>Vision Objective Test Log</i>	<i>Objective tests are conducted; identified students are in attendance;</i>
Activity 2.1.1.3 <i>End of month and end of term performance exams are conducted by Seno Bajonki LBS staff with all students</i>	<i># of end of month and end of term performance exams conducted</i>	<i>Student Performance Exam Log</i>	<i>Examinations are conducted; students are in attendance</i>

APPENDIX C: OBJECTIVE VISION TEST





APPENDIX D: TEACHER QUESTIONNAIRE

What has been your observation of [insert student names] since the distribution of prescription medications from the vision care pilot program on 14 November 2016 as compared to prior observations before the distribution of prescription medications?

Are these observations similar for most of the students in your class over the same period of time? Please explain.

APPENDIX E: STUDENT INTERVIEW QUESTION

What has been your classroom experience since receiving your eye medication in comparison to your classroom experience before receiving your eye medication?

APPENDIX F: MONITORING PLAN CHART

Evaluation Questions	Focus on Monitoring	Indicators	Targets	Monitoring Data Sources	Who is responsible and when?
What will be the response of the stakeholders involved (e.g. SMC, teachers) and beneficiaries (e.g. students) to the vision care pilot project?	Community participation	# of stakeholders and beneficiaries involved in the pilot project	100% of students; two SB-LBS staff members; five community members	Basic Eye Screening Log; Vision Care Evaluation Meeting attendance sheets	SB-LBS staff and PCV (Apr. 2016); SB-LBS and PCV (Oct. 2016, Dec. 2016 & Feb. 2017)
Is there a different approach that could be used? If so, what is that approach?	Activity observations	# of activities implemented according to work plan	100% of results from participating students	Work plan and facilitation notes	SB-LBS staff and PCV (ongoing)

Evaluation Questions	Focus on Monitoring	Indicators	Targets	Monitoring Data Sources	Who is responsible and when?
What correlation (if any) is there between the vision care pilot project and student performance?	Changes in student performance following prescription medication distribution	# of participating students display improved classroom performance	75% of participating students display improved classroom performance	Objective Vision Test Log; Student Performance Log	SB-LBS staff and PCV (monthly collection)

Evaluation Questions	Focus on Monitoring	Indicators	Targets	Monitoring Data Sources	Who is responsible and when?
What skills and lessons have been learned by key stakeholders through the processes involved within the vision care pilot project?	Demonstrated participant skills	# of skills demonstrated by facilitating stakeholders	No set target	Capacity Development Log	PCV (ongoing)
What are the external factors that had an impact on the implementation of the vision care pilot project?	Systems that impacted project implementation	# of external factors that impacted project implementation	No set target	Work Plan and Facilitation Notes	PCV (ongoing)

APPENDIX G: EVALUATION PLAN CHART

Evaluation Questions	Summary of Monitoring	Focus of Evaluation	Evaluation Method	Method Implementation	Who is responsible and when?
What will be the response of the stakeholders involved (e.g. SMC, teachers) and beneficiaries (e.g. students) to the vision care pilot project?	Community Participation: <ul style="list-style-type: none"> Number of stakeholders and beneficiaries involved in the pilot project 	Attitude towards implementation of the pilot project and future vision care activities	Students Interviews	9 end-of-term interviews	SB-LBS staff and PCV (Dec. 2016)
			Teacher questionnaires	3 teacher questionnaires	PCV (Dec. 2016)
			Stakeholder evaluative discussions	3 evaluative discussions (2 formative, 1 summative)	SB-LBS staff and PCV (Oct./Dec. 2016, Feb. 2017)
Is there a different approach that could be used? If so, what is that approach?	Activity Observations: <ul style="list-style-type: none"> Number of activities implemented according to work plan 	Building from the strengths and weaknesses of the pilot project	Stakeholder evaluative discussions	3 evaluative discussions (2 formative, 1 summative)	SB-LBS staff and PCV (Oct./Dec. 2016, Feb. 2017)

Evaluation Questions	Summary of Monitoring	Focus of Evaluation	Evaluation Method	Method Implementation	Who is responsible and when?
What correlation (if any) is there between the vision care pilot project and student performance?	Changes in student performance: <ul style="list-style-type: none"> Number of participating students display improved classroom performance 	Examining the impact of the vision care pilot project on student	Stakeholder evaluative discussions	3 evaluative discussions (2 formative, 1 summative)	SB-LBS staff and PCV (Feb. 2017)

Evaluation Questions	Summary of Monitoring	Focus of Evaluation	Evaluation Method	Method Implementation	Who is responsible and when?
What skills and lessons have been learned by key stakeholders through the processes involved within the vision care pilot project?	Demonstrated participant skills: <ul style="list-style-type: none"> Number of skills demonstrated by facilitating stakeholders 	How to utilize skills and lessons learned from the pilot project towards continued vision care activities and other development initiatives	Stakeholder evaluative discussions	Summative evaluation	SB-LBS staff and PCV (Feb. 2017)

Evaluation Questions	Summary of Monitoring	Focus of Evaluation	Evaluation Method	Method Implementation	Who is responsible and when?
What are the external factors that had an impact on the implementation of the vision care pilot project?	Systems that impacted project implementation: <ul style="list-style-type: none"> Number of observed systems that impacted project implementation 	Learning from experienced external factors and how to mitigate their impact in future work	Stakeholder evaluative discussions	3 evaluative discussions (2 formative, 1 summative)	SB-LBS staff and PCV (Oct./ Dec. 2016, Feb. 2017)